

BOP FORM 004

III. Institution Disciplinary History (summarize last 6 months - include dates, offenses, dispositions)6-13-00 00.1943 Dis/Threat FTO OFF limits
5-14-00 00.1632 FTO

2-26-00 ODC, FTO, PMPD - 9 das. conf.

see Above

IV. Current Program Participation/Work Assignment (Justification for Request/Change or Recommendation must be recorded on page 3.)

N/A

V. Program Request/Change or Recommendation

MDT Recommendation:

Housing/Security Level

Employment

Education

Work Release

Halfway House Worker

Other Recommendation:

Furlough

To Visit: Name

Relationship

Address

Purpose of Visit

Has inmate had prior participation in any program recommended?

Yes

No

Number of prior approvals for any program recommended

Is exception to standards requested? Yes

No

(If yes, give reason for exception)

cont. Med. HC / 90 da. review Inst. Behavior

On/Off Grounds

Treatment Program

Supervised Custody

Highway Work Project

N.A.

VI. Victim Notification Information

Offender's Release Address (if required)

Name of Victim(s)

Last Known Address of Victim

Signature of Counselor

Date

Signature of Counselor/Supervisor

Date

MDT Review

MTD: Recommended

Not Recommended

Vote 2-0

Signature of MDT Chairperson

Date

IBCC Review

IBCC: Approved

Disapproved

Recommended

Not Recommended

Vote 3-0

Signature of IBCC Chairperson

Date

Comments

CICB Review

CICB: Approved

Disapproved

Recommended

Not Recommended

Vote

Signature of CICB Chairperson

Date

Comments

IRCB Review

IRCB: Approved

Disapproved

Vote

Signature of IRCB Chairperson

Date

Comments

Distribution After Final Committee Review

Copy to: Classification

Institution File (original)

Special Programs Office (as required)

Form# 135
BOP Form 004

Appendix C3

Page 3

JUSTIFICATION FOR REQUEST/CHANGE OR RECOMMENDATION

INMATE NAME Hopkins, Shane SBI# 253918

I/m Shane Hopkins is recommended For
continue med. HC. The MPT vote is 2-0 in Favor.

Reasons

Need For Medium High Treatment
Programs. Institutional behavior regarding
write-ups are a concern. His behavior
has been a cause for this Classification

Review Hearings

The team has expressed
an interest to concentrate on 90 days.
prohibition regarding his current behavior

This current decision has
been agreed upon with regard to the
recommendation.

Recommended review date: 9/07

X Shane Hopkins

D00366

STATE OF DELAWARE
DEPARTMENT OF CORRECTION

INCIDENT REPORT

Sgt. D. Don
Please review
Thank you
Maj H/O
16-14-00
ACT

PRINT or TYPE

REPORT #	DATE:	PAGE	OF
IR 00-2621	Jun 13 2000	1	16-14-00 ACT
1. FACILITY/SECTION:	2. LOCATION:	3. OCCURRED:	Mo/Day/Yr Time
DCC / 4x12	DCC D-west	Jun 13 2000	Approx 1840h
4. TYPE OF INCIDENT: 200.102 (off limits) 200.108 (Failing to obey an order) 200.203 (Threatening and disorderly behavior)			
5. PERSONS INVOLVED: S-1, S-2 Subject; V-1, V-2 Victim; W-1, W-2 Witness			
CODE	NAME, TITLE or STATUS	UNIT ASSIGNMENT:	
P	Wayne Smith C/O	DCC / 4x12 / D-west	
S-1	Hopkins, Shane I/m # 253918	DCC / D-west / B-13	
<p>RECEIVED</p> <p>JUN 14 2000</p> <p>SECURITY SUPERINTENDENT</p>			
INJURIES? YES () NO (X) NATURE: N/A			
HOSPITALIZED? YES () NO (X) WHERE? N/A			
EVIDENCE		DISCOVERED BY: N/A	SECURED BY: N/A
YES () NO (X) TYPE: N/A			
FORCE USED YES () NO (X) PHYSICAL () CHEMICAL () STUN DEVICE () OTHER ()			
RESTRAINTS USED YES () NO (X) TYPE: N/A			
6. IMMEDIATE ACTION:			

DESCRIPTION OF INCIDENT:

On the above date and approximate time in question RP opened cell #13 on B-Tier to let S-1's cellmate out to go to yard. S-1 was supposed to be serving a sanction. S-1 then stepped out of his cell. RP ordered S-1 to go back inside his cell. S-1 responded "Fuck me!" RP ordered S-1 to lock in. S-1 responded by walking back into his cell and stated "You fuckin' come lock it your self. RP then informed S-1 of this write up. S-1 responded "You can take that write up and shove it up your ass mother fucker!" RP then reversed back up at the tier door and then RP locked S-1's cell door.

(FOR CONTINUATION USE FORM 404-B)

NOTIFIED/REFERRED TO:

MAB

15. FOLLOW-UP: YES () NO ()

COMMENTS:

H/O

REPORTING PERSON'S NAME & TITLE:

Wayne Smith C/O

16. REVIEWER'S NAME & TITLE:

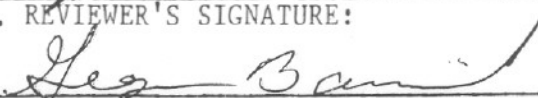
Capt Bain

D00367

REPORTING PERSON'S SIGNATURE:



17. REVIEWER'S SIGNATURE:


FORM #: 404-A
REVISED 5/92

WHITE - SHIFT COMMANDER YELLOW - INTERNAL AFFAIRS PINK - REPORT WRITER

Appendix E

DELAWARE CORRECTIONAL CENTER --- MEMORANDUM

TO: Inmate Sharl Hopkins SBI# 253818, Housing Unit 2
 VIA: Counselor _____
 FROM: I.B.C.C.
 DATE: 8/26/90
 RE: Classification Results

Your M.D.T. has recommended you for the following: _____

Med/HC - C or DBL

The I.B.C.C.'s decision is to:

☒ Approve Med/HC - C Bldg
☐ Not Approve _____
☐ Defer _____
☐ Recommend _____
☐ Not Recommend _____

BECAUSE:

<input type="checkbox"/> Lack of program participation	<input type="checkbox"/> Time remaining on sentence
<input type="checkbox"/> Pending disciplinary action	<input type="checkbox"/> Prior failure under supervision
<input type="checkbox"/> Gradual phasing indicated	<input type="checkbox"/> Poor institutional adjustment
<input type="checkbox"/> Open charges	<input type="checkbox"/> Serious nature of offense
<input type="checkbox"/> Prior criminal history	
<input type="checkbox"/> Failure to follow your treatment plan in that you _____	

☐ You present a current and continuous danger to the safety of staff, other inmates, or the good order of the Institution. Explanation: _____

OTHER: Re 8/10

Try more with - yes, you will be reviewed for high custody
 ADDITIONAL COMMENTS: _____

☐ Develop/continue treatment plan with counselor

You will be expected to address the following: _____

Copy to: Classification
 Inmate
 Institution File

Form #456 (3 Part NCR)
 Revised 11/97

D00368

Form# 135
BOP Form 004

Appendix C3

Page 3

JUSTIFICATION FOR REQUEST/CHANGE OR RECOMMENDATION

INMATE NAME Hopkins, Shane SBI# 253918

poss long contra FTOO (99-0102) PENDING; 1-6-99
poss long contra, last prop < 10 FTOO, poss remaining
contra (99-0083) PENDING

This is a special classification for Shane Hopkins. Hopkins is not a sex offender and his disciplinary history is extensive. The MDT can find little reason to keep him in E bldg. We are recommending medium/high C or D though his disciplinary history may warrant an even more restrictive housing unit.

Recommended review date: 7/00X Shane Hopkins

D00369

BOP FORM 004

III. Institution Disciplinary History (summarize last 6 months - include dates, offenses, dispositions)

5-20-99 des/Threat lch, FTOO 10 days confinement; 2-3-99 lying, abuse prov poss un-dng, contra off limits (99-0465) PENDING;
1-29-99 FTOO, off limits (99-0398) PENDING; 1-7-99

IV. Current Program Participation/Work Assignment (Justification for Request/Change or Recommendation must be recorded on page 3.)

none

V. Program Request/Change or Recommendation

MDT Recommendation:

Housing/Security Level

Employment

Education

Work Release

Halfway House Worker

Other Recommendation:

Furlough

To Visit: Name

Relationship

Address

Purpose of Visit

Has inmate had prior participation in any program recommended?

Yes

No

Number of prior approvals for any program recommended

Is exception to standards requested? Yes

No

(If yes, give reason for exception)

VI. Victim Notification Information

Offender's Release Address (if required)

Name of Victim(s)

Last Known Address of Victim

Signature of Counselor

7-27-99

Date

Signature of Counselor Supervisor

acting supervisor

Date

MDT Review

MTD: Recommended

Not Recommended

Vote 2-0

Signature of MDT Chairperson

Date 7-27-99

IBCC Review

IBCC: Approved

Disapproved

Recommended

Not Recommended

Vote

(3-0)

Signature of IBCC Chairperson

Date 8/24/99

Comments

CICB Review

CICB: Approved

Disapproved

Recommended

Not Recommended

Vote

Signature of CICB Chairperson

Date

Comments

IRCB Review

IRCB: Approved

Disapproved

Vote

Signature of IRCB Chairperson

Date

Comments

Distribution After Final Committee Review

Copy to: Classification

Institution File (original)

Special Programs Office (as required)

BUREAU OF PRISONS RECLASSIFICATION FORM #004**I. Vital Indicators/Sentencing Information**

Inmate Name Hopkins, Shane AKA _____ SBI No 253918 Date of Birth 10-2-73
 Facility OCC Security/Custody Level med/high Housing Area E
 Current Offense(s) Burg 2nd (8 cts)

Level V Sentence: Year(s) 16 Month: 0 Day(s): 0 Truth in Sentence? Yes ☒ No ☐
 Sentence Effective Date 3-7-95 STRD 7-30-09 PE Date: none Parole Rehearing Date n/a
 Mandatory Sentence: Year(s) 0 Month(s) 0 Day(s) 0 Level IV Sentence? Yes ☒ No ☐ Length 12 mos
 Detainer(s)? Yes ☒ Agency PA, NJ Open Charge(s)? Yes ☐ No ☒ 4204K? Yes ☐ No ☒ End Date of 4204K _____
 4205L? Yes ☐ No ☒ 4214B/Habitual Offender? Yes ☐ No ☒

II. Prior Criminal History

Escape History (List date, charge for which convicted, and location from which escape occurred):

12-20-90 escape Northampton Co Pa comm. Hld to Y.D.C. at
Weaverille

Sex Offenses (List date, charges, and ages of victim(s) for all sex offenses):

none indicated

DNA sample obtained? Yes ☐ No ☐ (If no, contact Institutional Investigator)

List the most serious offenses in the past 10 years (not previously listed in Escape History or Sex Offenses).

extensive history of burglaries

DUI Information (Complete if inmate is serving a sentence for DUI)

Has information been verified via Motor Vehicle Records? Yes ☐ No ☐ No. of DUI's _____
 No ☐

Date(s) of offense(s): 1st _____ 2nd _____ 3rd _____ 4th _____

**STATE OF DELAWARE
DEPARTMENT OF CORRECTIONS
DELAWARE CORRECTIONAL CENTER
SMYRNA, DELAWARE 19977
TELEPHONE: (302) 653-9261**

**TO: SHANE HOPKINS
U Bldg. 00253918
FROM: D.C.C./I.B.C.C.
DATE: 09/03/98
RE: M.S.U. CLASSIFICATION**

On 09/03/98 the Institutional Based Classification Committee (I.B.C.C.) classified you to one of the following:

X Maximum/High Custody Maximum/Close Custody

The reason(s) for this classification SERIOUS NATURE OF INCIDENT ON 08-15-98 IN D BUILDING.

You will be expected to address the following: AUTHORITY ISSUES/ASSAULTY/AGGRESSIVE/NEGATIVE BEHAVIOR.

You have the right to appeal this decision. If you intend to appeal you should state your reasons for an appeal in writing to the Chairman of I.B.C.C. The I.B.C.C. will review the case and forward its recommendation to the Warden or his designee, who will act on the appeal and forward his decision to you.

An appeal of M.S.U. classification must be received by I.B.C.C. within 30 days of the I.B.C.C. decision to classify you to M.S.U.


I.B.C.C. Chairperson

cc: Manager M.S.U.
M.S.U. Counselor
Transfer Office
Institutional File
Treatment File

D00372

Appendix E

DELAWARE CORRECTIONAL CENTER --- MEMORANDUM

TO: Inmate Stan Hopkins SBI# 253918, Housing Unit C/BE
 VIA: Counselor Marky
 FROM: I.B.C.C.
 DATE: 12/3/98
 RE: Classification Results

Your M.D.T. has recommended you for the following: Rescind C/BE
Med/HC - good

The I.B.C.C.'s decision is to:

☒ Approve C/BE good
☐ Not Approve
☐ Defer
☐ Recommend
☐ Not Recommend

BECAUSE:

<input type="checkbox"/> Lack of program participation	<input type="checkbox"/> Time remaining on sentence
<input type="checkbox"/> Pending disciplinary action	<input type="checkbox"/> Prior failure under supervision
<input type="checkbox"/> Gradual phasing indicated	<input type="checkbox"/> Poor institutional adjustment
<input type="checkbox"/> Open charges	<input type="checkbox"/> Serious nature of offense
<input type="checkbox"/> Prior criminal history	
<input type="checkbox"/> Failure to follow your treatment plan in that you	

☐ You present a current and continuous danger to the safety of staff, other inmates, or the good order of the Institution. Explanation: _____

OTHER: Rev 12/99

ADDITIONAL COMMENTS:

☒ Develop/continue treatment plan with counselor

You will be expected to address the following: _____

Copy to: Classification
 Inmate
 Institution File

Form #456 (3 Part NCR)
 Revised 11/97

D00373

BUREAU OF PRISONS RECLASSIFICATION FORM #004**I. Vital Indicators/Sentencing Information**

Inmate Name Hopkins, Shane AKA SBI No 253918 Date of Birth 10/05/73
 Facility DCC Security/Custody Level Max-High Housing Area C-BE
 Current Offense(s) Burg 2nd (8cts)

Level V Sentence: Year(s) 16 Month: 0 Day(s): 0 Truth in Sentence? Yes X No

Sentence Effective Date 3/7/95 STRD: 7/31/2009 PE Date: Parole Rehearing Date

Mandatory Sentence: Year(s) Month(s) Day(s) Level IV Sentence? Yes X Length 1 yr.
 No

Detainer(s)? Yes X Agency PA+ NJ Open Charge(s)? Yes 4204K? Yes End Date of 4204K
 No No X No X

4205L? Yes 4214B/Habitual Offender? Yes
 No X No X

II. Prior Criminal History

Escape History (List date, charge for which convicted, and location from which escape occurred):

Sex Offenses (List date, charges, and ages of victim(s) for all sex offenses):

DNA sample obtained? Yes No (If no, contact Institutional Investigator)

List the most serious offenses in the past 10 years (not previously listed in Escape History or Sex Offenses).

DUI Information (Complete if inmate is serving a sentence for DUI)

Has information been verified via Motor Vehicle Records? Yes No. of DUI's
 No

Date(s) of offense(s): 1st 2nd 3rd 4th

RECEIVED

NOV 23 REC'D

TREATMENT SERVICES

D00374